

|                       |                      |                   |                        |                  |
|-----------------------|----------------------|-------------------|------------------------|------------------|
| DATE SUBMITTED<br>/ / | DATE REQUIRED<br>/ / | JOB REQUESTED BY: | DELIVER TO SITE/SCHOOL | TELEPHONE<br>- - |
|-----------------------|----------------------|-------------------|------------------------|------------------|

|  |   |
|--|---|
| <b>PRE-APPROVALS:</b> Signature _____ Date _____                           | <b>PRE-APPROVALS:</b> Signature _____ Date _____                    |
| Principal/ Administrator: _____ / _____                                    | Budget Services: _____ / _____<br>(For compliance Verification)     |
| Categorical/ Administrator: _____ / _____<br>(For compliance Verification) | Assistant/ Associate Superintendent: _____ / _____<br>(If Required) |

|                                 |            |                |          |              |                |            |                |             |             |
|---------------------------------|------------|----------------|----------|--------------|----------------|------------|----------------|-------------|-------------|
| Budget Code I: Department _____ | Fund _____ | Resource _____ | PY _____ | Object _____ | Location _____ | Goal _____ | Function _____ | LOC 1 _____ | LOC 2 _____ |
|---------------------------------|------------|----------------|----------|--------------|----------------|------------|----------------|-------------|-------------|

|                                  |            |                |          |              |                |            |                |             |             |
|----------------------------------|------------|----------------|----------|--------------|----------------|------------|----------------|-------------|-------------|
| Budget Code II: Department _____ | Fund _____ | Resource _____ | PY _____ | Object _____ | Location _____ | Goal _____ | Function _____ | LOC 1 _____ | LOC 2 _____ |
|----------------------------------|------------|----------------|----------|--------------|----------------|------------|----------------|-------------|-------------|

**JOB CANNOT BE PROCESSED WITHOUT COMPLETION OF THE ABOVE**

|   |   |
|---|---|
| <b>PAPER SIZE</b> 8.5x11 <input type="checkbox"/> 8.5x14 <input type="checkbox"/> 11x17 <input type="checkbox"/>                    | <b>PRINT INSTRUCTIONS</b> One Side <input type="checkbox"/> Two Side <input type="checkbox"/> Tumble Style <input type="checkbox"/> Book Style <input type="checkbox"/>   |
| <b>PAPER TYPE</b> Bond Paper <input type="checkbox"/> Letterhead <input type="checkbox"/> Card Stock <input type="checkbox"/>       | <b>PAPER COLOR</b> White <input type="checkbox"/> Blue <input type="checkbox"/> Pink <input type="checkbox"/> Goldenrod <input type="checkbox"/><br>Yellow <input type="checkbox"/> Green <input type="checkbox"/> Salmon <input type="checkbox"/> <small>Ask if available in 11x17</small> |
| <b>Business Cards</b> District Format Layout 120 <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> | <b>NCR</b> 2 PART <input type="checkbox"/> 3 PART <input type="checkbox"/> 4 PART <input type="checkbox"/> 5 PART <input type="checkbox"/>  |

|   | No. of Originals | No. of Copies | Title or Description of Originals |
|---|------------------|---------------|-----------------------------------|
| A |                  |               |                                   |
| B |                  |               |                                   |
| C |                  |               |                                   |
| D |                  |               |                                   |

|                             |  |  |                                       |                                       |   |  |
|-----------------------------|--|--|---------------------------------------|---------------------------------------|---|--|
| <b>Bindery Instructions</b> | Collate <input type="checkbox"/>       | No Binding <input type="checkbox"/>    | 2-Hole Punch <input type="checkbox"/> | 3-Hole Punch <input type="checkbox"/> | Number Of Sheets _____<br>Per Pad _____ | Cut <input type="checkbox"/><br>Size _____ |
|                             | Single Staple <input type="checkbox"/> | Double Staple <input type="checkbox"/> | Pad At Top <input type="checkbox"/>   | Half Fold <input type="checkbox"/>    |   |  |
|                             | Saddle Stitch <input type="checkbox"/> | Spiral Bind <input type="checkbox"/>   | Pad On Side <input type="checkbox"/>  | Letter Fold <input type="checkbox"/>  |   |  |

| Special Instructions - Include Quantities | Print Shop Use Only |
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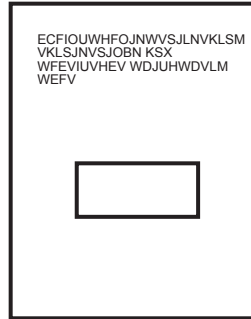
| PRINT SHOP USE ONLY |          |                     |       |
|---------------------|----------|---------------------|-------|
| Date Received       | Operator | Charges             |       |
| Date Run            | Operator | Charges in addition |       |
| Date Billed         | Operator |                     | Total |

**THIS PAGE IS INFORMATION FOR YOU AND NEED NOT BE SENT BACK WITH YOUR ORDER**

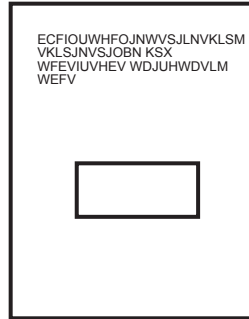
**PRINT INSTRUCTIONS:**

**BOOK STYLE:**

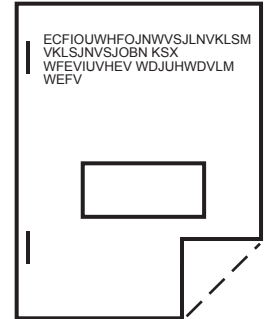
HEAD  
TO  
HEAD



SIDE 1



SIDE 2



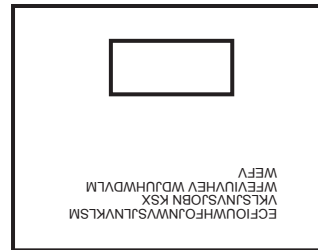
SIDE BINDING

**TUMBLE STYLE:**

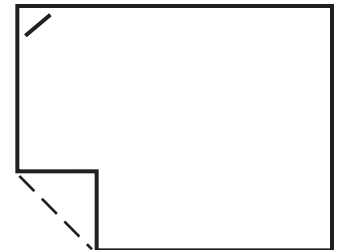
FOOT  
TO  
HEAD



SIDE 1



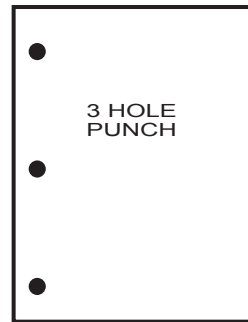
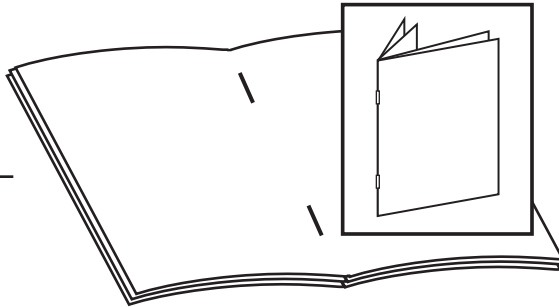
SIDE 2



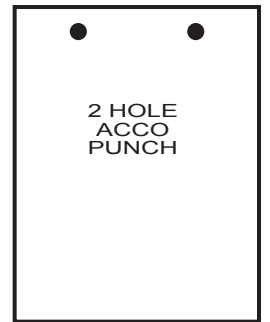
TOP BINDING

**BINDERY:**

SADDLE  
STAPLE

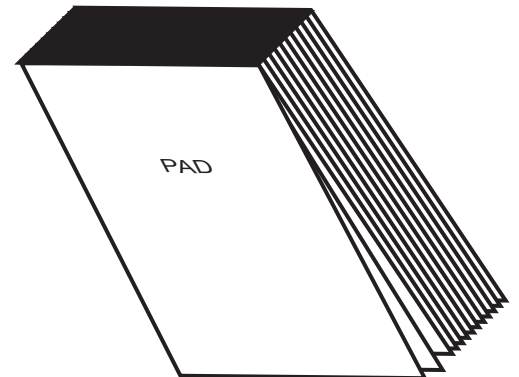
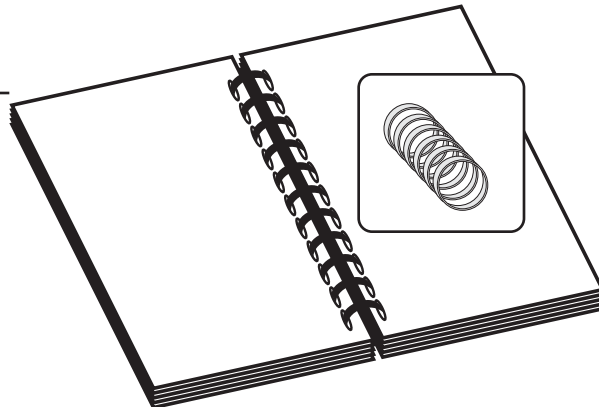


Available On Copier



Custom Setup

SPIRAL  
BIND



**SPECIAL COLLATION INSTRUCTIONS:**

**STEP ONE:**

Place your originals in the order in which they are to be assembled.

**STEP TWO:**

Write the page number, or other identification, for each page in the boxes marked front and back. If there is to be no printing on the front and back of the sheet.